

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X  
In re:

Chapter 13

Matthew R. Boller,

Case No. 18-13067-cgm

Debtor(s).  
-----X

**CREDITOR LOSS MITIGATION AFFIDAVIT**

I, Jonathan Schwalb, Esq., being sworn, say:

I am not a party to this action, am over 18 years of age and reside in Bergen County, New Jersey.

On May 1, 2019, I served a true copy of the financial packet and this Creditor Loss Mitigation Affidavit upon the following parties via (first class mil, facsimile or email) at the following addresses:

jp@julioportillalaw.com  
Attorney for Debtor

Matthew R. Boller  
160 Cabrini Boulevard, Apt. 122  
New York, NY 10033  
Debtor

Pursuant to that request, the Debtor must provide the following documents:

- ☐ A copy of the Debtor's two (2) most recent federal income tax returns;
- ☐ A copy of the Debtor's last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor;
- ☐ AIRS 4506-T Request for Transcript of Tax Return Form;
- ☐ A copy of the Borrower Assistance Form

Or, if Debtor is self-employed:

- ☐ A copy of the Debtor's business quarterly Profit and Loss Statements, setting forth a breakdown of the monthly business income and expenses;

- ☐ A copy of the mortgagee's completed financial worksheet;
- ☐ Proof of second/third party income by affidavit of the party, including the party's last two (2) paycheck stubs,
- ☒ Other (please specify): BSI Financial Services loss mitigation package with applicable document checklist.

Please be advised that the Creditor designates the following person to be its Loss Mitigation contact:

Name: Lauren Sanders  
Title: Bankruptcy Specialist  
Phone Number: 949-201-4287  
Fax Number: 410-510-1237  
Email Address: lsanders@bsifinancial.com

Please be advised that the Creditor designates the following person to be its attorney for Loss Mitigation on this Loan.

Name: Jonathan Schwalb, Esq.  
Firm: Friedman Vartolo LLP  
Phone Number: (212) 471-5100  
Fax Number: (212) 471-5150  
Email Address: bankruptcy@friedmanvartolo.com

Dated: May 1, 2019  
New York, NY

/s/Jonathan Schwalb, Esq.  
Friedman Vartolo LLP  
85 Broad Street, Ste. 501  
New York, New York 10004  
(212) 471-5119  
bankruptcy@FriedmanVartolo.com



### **Loss Mitigation Application Instructions**

Please complete this Loss Mitigation Application in its entirety and send it back with the supporting documentation listed below so that we can properly review your current financial situation. **The Loss Mitigation Application and the information you provide to us must be complete and accurate and must be dated & signed by all borrowers.**

#### **Required Documentation for Loss Mitigation Options (Required from Borrower & Co-Borrower)**

- Completed and signed Loss Mitigation Application
- Your last two (2) years Federal tax returns filed (signed and dated with all schedules and forms)
- IRS Form 4506T-EZ or IRS Form 4506-T
- Completed and signed 3rd. party authorization form (if applicable)
- Copy of current photo ID (must be legible)

#### **Hardship Documentation:**

- Signed and dated hardship letter, detailing the exact reason that prevents you from paying your mortgage loan(s) and information about your intentions to either keep or transition out of your property.

#### **Employment Income for all borrowers:**

- Your two (2) most recent pay stubs with year-to-date earnings
- If you're self-employed or an independent contractor, send your most recent signed and dated quarterly or year-to-date Profit & Loss Statement with company name and date; send all statement pages, even if a page is blank.

#### **Other Income Sources for all borrowers:**

- If you receive Social Security, disability or death benefits, pension, public assistance or unemployment income, send your benefits statement or proof of government assistance (if applicable) or letter from the provider with the amount, frequency and duration of the benefit AND two most recent bank statements showing receipt of payment; send all statement pages, even if a page is blank.
- Documents showing additional income you'd like us to consider

#### **Financial Statements for all borrowers:**

- Your two (2) most recent personal checking, savings, money market, mutual fund, stock and bond statements; send all statement pages, even if a page is blank

*\* Notice: BSI Financial Services, Inc. is a licensed mortgage servicer and debt collector.*

**Licensed as Servis One, Inc.** in the state of Florida **Licensed as Servis One, Inc. dba BSI Financial Services** in the state of Colorado. Colorado Office: 13111 East Briarwood Avenue, Suite 340, Centennial, CO 80112 (303) 309-3839 **Licensed as Servis One, Inc. dba BSI Financial Services** in Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts, Minnesota, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. **Licensed as Servis One, Inc. dba BSI Financial Services, Inc.** in Delaware, Illinois, Kentucky, Maryland, Michigan, Missouri, Mississippi, Nebraska, Nevada, Pennsylvania, Rhode Island, South Carolina and Texas. **North Carolina Collection Agency Permit #105608**

**Legal Documents (if applicable)**

**Divorce or legal separation:**

- Your divorce decree or separation agreement signed by Court AND recorded quitclaim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property
- Legal documents showing the amount, frequency and duration of child support, alimony or separation maintenance income if you'd like us to consider it as qualifying income AND your two most recent bank statements showing receipt of the payment; send all statement pages, even if a page is blank. **Please note: You aren't required to disclose child support, alimony or separation maintenance income, unless you want us to consider it as qualifying income.**

**Death of a borrower:**

Copy of the death certificate **and** at least **one (1)** of the following:

- Copy of the last will and testament
- Trust documents
- Probate documents
- Certified copy of court appointment of executor or legal representative
- Court Order or Judgment determining succession to real property
- Letter of succession with a copy of the successor's identification (a signed and notarized document explaining who the parties are claiming to be a successor in interest in the property)

**Income from rental properties:**

- Copy of **one (1)** of these documents showing rental income: current rental agreement(s) **or** handwritten lease agreement(s)/contract(s)
- Copies of two most recent bank statements showing rental and/or boarder income (we won't accept handwritten receipts); send all statement pages, even if a page is blank
- Copies of two (2) most recent mortgage statements for the rental property as well as the current homeowners insurance declarations page, current tax bill, and copy of the most recent HOA/COA bill With proof of payment of association dues and fees, including the total amount due

**Documents related to your property:**

- Copy of current property tax bill showing tax amount and property address
- Homeowners/property insurance declarations page showing coverage and premium
- Copy of most recent 2<sup>nd</sup> lien mortgage statement

**If you have flood insurance:**

- Copy of current policy or declarations page showing amount due and proof of payment, such as a canceled check

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**If your property is in a Homeowners or Condominium Owners Association:**

- Copy of the most recent HOA/COA bill
- Proof of payment of association dues and fees, including the total amount due

**If applying for a Short Sale**

Please provide the following additional information from your Real Estate Agent:

- Listing Agreement and MLS Print-out
- First lien approval letter
- Buyer pre-approval letter and/or proof of funds
- Fully executed sales/purchase contract
- Estimated HUD closing statement
- Arm's Length Transaction Affidavit

**If applying for a Deed in Lieu**

Please provide the following additional information from your Real Estate Agent:

- Listing Agreement and MLS Print-out
- First lien approval letter

**If any additional documents are needed, we will send a separate request for this information at a later date.**

Please return your completed ***Loss Mitigation Application*** as well as all required documentation to:

By Regular Mail:

BSI Financial Services  
PO Box 1611  
Cockeysville, MD 21030

**By Fax:**

BSI Financial Services  
Attn: Default Resolution Team  
410.510.1237

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► **Important:** Please complete Sections A-I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

► **Loan Number:** \_\_\_\_\_

Section A BORROWER		CO-BORROWER	
Borrower's Name		Co-Borrower's Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Home Phone Number With Area Code		Home Phone Number With Area Code	
Cell or Work Number With Area Code		Cell or Work Number With Area Code	
Email Address		Email Address	

When you give us your mobile phone number, we have your permission to contact you at that number about all your **BSI Financial Services** ("BSI Financial") accounts. Your consent allows us to use text messaging, artificial or pre-recorded voice messages and automatic dialling technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

Is any borrower a Servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you recently been deployed away from your principal residence or recently received a Permanent Change of Station (PCS) order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, I intend to occupy this property as my primary residence sometime in the future. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any borrower the surviving spouse of a deceased Servicemember who was on active duty at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I want to: <input type="checkbox"/> Be reviewed for all mortgage assistance options <input type="checkbox"/> Only be reviewed for selling the home for less than I owe or releasing my property	
The property is my: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment <input type="checkbox"/> Other _____	
The property is: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Other _____	
Have you previously requested mortgage payment assistance through BSI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? _____	
<b>Complete this section ONLY if you are requesting mortgage assistance for a property that is not your principal residence.</b>	
Is the mortgage on your principal residence current? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," number of months your payment is past due (if known): _____	

<b>Number of People in Household:</b> _____	
Mailing Address: _____	
Property Address (if same as mailing address, just write "same"): _____	
<b>Is the property listed for sale?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what was the listing date?</b> _____ <b>Have you received an offer on the property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of Offer:</b> _____ <b>Amount of Offer:</b> _____ <b>Closing Date:</b> _____ <b>Agent's Name:</b> _____ <b>Agent's Phone Number:</b> _____	<b>Have you contacted a credit counseling agency for help?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please complete the following:</b> <b>Counselor's Name:</b> _____ <b>Agency Name:</b> _____ <b>Counselor's Phone Number:</b> _____ <b>Counselor's Email:</b> _____
<b>Who pays the real estate tax bill on your property?</b> <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA <b>Are the taxes current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Condominium or HOA Fees?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ per month <b>Are the fees paid current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name and address that fees are paid to:</b> _____	<b>Who pays the insurance premiums for your property?</b> <input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA <b>Is the policy current?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name(s) of Insurance Company:</b> _____ <b>Insurance Company Phone Number(s):</b> _____

Continue to the next page

**LOSS MITIGATION APPLICATION**

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► **Important:** Please complete Sections A–I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

► **Loan Number:** \_\_\_\_\_

**Section B****REQUIRED DOCUMENTATION/HARDSHIP AFFIDAVIT**

Describe your hardship (attach additional pages if necessary):

Date situation began is:

I believe that my situation is:

- ☐ Short-term (under 6 months)  
☐ Medium-term (6-12 months)  
☐ Long-term or permanent (greater than 12 months)

**I am having difficulty making my monthly payment because of reasons set forth below:**

(Please check all that apply and submit required documentation demonstrating your hardship. If your mortgage loan is insured or guaranteed by the Federal Housing Administration (FHA), U.S. Department of Veterans Affairs (VA) or Rural Housing Service (RHS), hardship documentation is not required but you must submit all financial documentation that supports your request for assistance.)

- |   |   |
|---|---|
| <input type="checkbox"/> Unemployment   | <ul style="list-style-type: none"> <li>A copy of your benefits statement or letter detailing the amount, frequency and duration of your unemployment benefits</li> </ul>  |
| <input type="checkbox"/> Underemployment  | <ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>   |
| <input type="checkbox"/> Income reduction (e.g., elimination of overtime, reduction in regular working hours, or a reduction in base pay)                             | <ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>   |
| <input type="checkbox"/> Divorce or legal separation; separation of borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law | <ul style="list-style-type: none"> <li>Divorce decree signed by the court OR</li> <li>Separation agreement signed by the court OR</li> <li>Current credit report evidencing divorce, separation, or non-occupying Borrower has a different address OR</li> <li>Recorded quit claim deed evidencing that the non-occupying borrower or co-borrower has relinquished all rights to the property</li> </ul>  |
| <input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household or dependent family member                      | <ul style="list-style-type: none"> <li>Copy of the Death certificate and at least one additional acceptable document</li> <li>SEE page 2 of the application instructions for all acceptable documents</li> </ul>  |
| <input type="checkbox"/> Long-term or permanent disability; serious illness of a borrower/ co-borrower or dependent family member                                     | <ul style="list-style-type: none"> <li>Do not provide medical records or any details of your illness or disability</li> <li>Written statement from you or other documentation verifying disability or illness OR</li> <li>Proof of monthly insurance benefits or government assistance (with expiration date, if applicable)</li> </ul>   |
| <input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or borrower's place of employment  | <ul style="list-style-type: none"> <li>Insurance claim OR</li> <li>Federal Emergency Management Agency grant or Small Business Administration loan OR</li> <li>Borrower or employer property located in a federally declared disaster area</li> </ul>   |
| <input type="checkbox"/> Distant employment transfer  | <ul style="list-style-type: none"> <li>Proof of transfer OR</li> <li>Military Permanent Change of Station (PCS)</li> </ul>  |
| <input type="checkbox"/> Excessive obligations  | <ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>   |
| <input type="checkbox"/> Business failure   | <ul style="list-style-type: none"> <li>Tax return from the previous year (including all schedules) AND</li> <li>Proof of business failure supported by one of the following:               <ul style="list-style-type: none"> <li>Bankruptcy filing for the business; or</li> <li>Two months recent bank statements for the business account evidencing cessation of business activity; or</li> <li>Most recent signed and dated quarterly or year-to-date profit and loss statement</li> </ul> </li> </ul> |
| <input type="checkbox"/> Payment increase   | <ul style="list-style-type: none"> <li>No hardship documentation required, as long as you have submitted the income documentation that supports the income</li> </ul>   |

☐ Other \_\_\_\_\_

**If you have income from rental properties that are not your principal residence, you must provide a copy of the current lease agreement with bank statements showing deposit of rent checks.**

Continue to the next page

**LOSS MITIGATION APPLICATION**

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► **Important:** Please complete Sections A–I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

► **Loan Number:** \_\_\_\_\_

**Section C****ADDITIONAL LIENS/MORTGAGES OR JUDGMENTS**

Complete if applicable.

☐ Check this box if this section does not apply to you. **Continue to Section D.**

Lien Holder's Name/Service	Balance	Phone Number	Reference Number/Loan Number

A lien is a legal claim on property to secure a loan or debt until paid off. It is put in place by contract or court order.

**Section D****BANKRUPTCY**

Complete if applicable.

☐ Check this box if this section does not apply to you. **Continue to Section E.**

Select the type of bankruptcy filed: ☐ Chapter 7 ☐ Chapter 13 ☐ Other: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy Case Number: \_\_\_\_\_

**Section E****INCOME/EXPENSES FOR HOUSEHOLD**

Borrower Monthly Income: \$ \_\_\_\_\_

I am: ☐ Employed by a Company

Company #1 Name: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Company #2 Name: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Company #3 Name: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

I am: ☐ Self-Employed Percent of Ownership \_\_\_\_\_%

I am: ☐ Independent Contractor

Co-Borrower Monthly Income: \$ \_\_\_\_\_

I am: ☐ Employed by a Company

Company #1 Name: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Company #2 Name: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Company #3 Name: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

I am: ☐ Self-Employed Percent of Ownership \_\_\_\_\_%

I am: ☐ Independent Contractor

Self-employed people earn income directly from their own business, trade, or profession. They don't collect a salary or wages from an employer.

Independent contractors typically provide goods or services to a company under the terms of a contract. They set their own hours and are paid on a freelance basis.

**OTHER INCOME/EXPENSES**

Is there a person not on the mortgage note who lives in the residence and contributes financially to the household? ☐ Yes ☐ No

If yes, complete the following:

First and Last Name: \_\_\_\_\_ Monthly amount contributed to the household (not including the amount contributed to the

Mortgage): \$ \_\_\_\_\_ Monthly amount contributed to the Mortgage: \$ \_\_\_\_\_ Are there living expenses for this person? ☐ Yes ☐ No

If yes, monthly amount of expenses: \$ \_\_\_\_\_

List any one-time payments you received that appear on your most recent tax return: (Examples: one-time pension disbursements, tax refunds, bonuses, insurance distributions)

Payment Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payment Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payment Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Continue to the next page**



► **Important:** Please complete Sections A–I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

► **Loan Number:** \_\_\_\_\_

HOUSEHOLD INCOME	
Monthly Gross Wages	\$
Monthly Self-Employment Income	\$
Monthly Overtime	\$
Monthly Unemployment Income	\$
Monthly Tips, Commissions, Bonus	\$
Monthly Non-Taxable Social Security/SSDI	\$
Monthly Taxable Social Security Benefits or Other Monthly Income from Annuities or Retirement Plans	\$
Monthly Child Support/Alimony <sup>2</sup>	\$
Monthly Gross Rents Received <sup>3</sup>	\$
Monthly Food Stamps/Welfare	\$
Monthly Other _____	\$
<b>Total Monthly Income</b>	<b>\$</b>

HOUSEHOLD EXPENSES/DEBT	
Monthly First Mortgage Principal and Interest Payment <sup>1</sup>	\$
Monthly Second Mortgage Principal and Interest Payment <sup>1</sup>	\$
Monthly Homeowners' Insurance <sup>1</sup>	\$
Monthly Property Taxes <sup>1</sup>	\$
Monthly HOA/Condo Fees/Co-OP Fees/Property Maintenance <sup>1</sup>	\$
Monthly Mortgage Payments on Other Properties <sup>4</sup>	\$
Monthly Credit Cards/Installment Loan(s) (total minimum payment)	\$
Monthly Child Support/Alimony Payments	\$
Monthly Auto Lease/Payment	\$
Monthly Other _____	\$
<b>Total Monthly Expenses/Debt</b>	<b>\$</b>

HOUSEHOLD ASSETS associated with the property and/or borrower(s) excluding retirement funds	
Checking Account(s)	\$
Checking Account(s)	\$
Savings/Money Market	\$
CDs	\$
Stocks/Bonds	\$
Other Cash on Hand	\$
Other Real Estate (estimated value)	\$
Other _____	\$
<b>Total Assets</b>	<b>\$</b>

<sup>1</sup> The amount of the monthly payment made to your lender - including, if applicable, monthly principal, interest, real property taxes and insurance premiums.

<sup>2</sup> Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.

<sup>3</sup> Include rental income received from all properties you own EXCEPT a property for which you are seeking mortgage assistance in Section H.

<sup>4</sup> Include mortgage payments on all properties you own EXCEPT your principal residence and the property for which you are seeking mortgage assistance in Section H.

<sup>5</sup> Non-borrower household income is defined as someone living in the home who is not on the original note, but whose income has been relied upon to support the mortgage payment.

ADDITIONAL LIVING EXPENSES				
	Borrower	Co-Borrower	Non-Borrower <sup>5</sup>	Total
Tuition/School	\$			
Child Care (daycare, babysitting)	\$			
Automobile Expenses (insurance/maintenance/gas)	\$			
Food	\$			
Life Insurance Premium	\$			
Medical	\$			
Utilities	\$			
Clothing	\$			
Cable, Internet, Phone	\$			
<b>Total Living Expenses</b>	<b>\$</b>			

Continue to the next page

**LOSS MITIGATION APPLICATION****► Important:**

Please complete Sections A–I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

**► Loan Number:** \_\_\_\_\_**Section F****OTHER PROPERTIES OWNED**

☐ Check this box if this section does not apply to you. **Continue to Section G**

For the amount of the monthly payment, include, if applicable, monthly principal, interest, real property taxes and insurance premiums. You must provide information about all properties that you or the co-borrower own, other than your principal residence and any other property for which you are seeking mortgage assistance listed in section H. Use additional sheets if necessary.

**PROPERTY #1**

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ 2nd Mortgage Balance \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ 2nd or Seasonal Home ☐ Rented

**PROPERTY #2**

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ 2nd Mortgage Balance \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ 2nd or Seasonal Home ☐ Rented

**PROPERTY #3**

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ 2nd Mortgage Balance \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ 2nd or Seasonal Home ☐ Rented

**PROPERTY #4**

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ 2nd Mortgage Balance \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ 2nd or Seasonal Home ☐ Rented

**PROPERTY #5**

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

First Mortgage Servicer Name: \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Second Mortgage Servicer Name: \_\_\_\_\_ 2nd Mortgage Balance \$ \_\_\_\_\_

Property is: ☐ Vacant ☐ 2nd or Seasonal Home ☐ Rented

**Continue to the next page**

**► Important:**

Please complete Sections A–I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

**► Loan Number:** \_\_\_\_\_**Section G****OTHER PROPERTY FOR WHICH ASSISTANCE IS REQUESTED**

Complete this section **ONLY** if you are requesting mortgage assistance for a property that is not your principal residence.

☐ Check this box if this section does not apply to you.

Continue to the Rental Property Certification section below.

I am requesting mortgage assistance for a rental property. ☐ Yes ☐ No

I am requesting mortgage assistance for a second or seasonal home. ☐ Yes ☐ No

I am requesting mortgage assistance for a home that is no longer my primary residence due to an out of area job transfer or foreign service assignment. I intend to occupy this property as my primary residence sometime in the future. ☐ Yes ☐ No

Property Address: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Current Value: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Provider of your first mortgage (if not BSI)

Do you have a second mortgage on the property? ☐ Yes ☐ No If "Yes," Servicer Name: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Do you have condominium or homeowners association (HOA) fees? ☐ Yes ☐ No If "Yes," Monthly Fee: \$ \_\_\_\_\_ Are HOA fees paid current? ☐ Yes ☐ No

Name/address that fees are paid to: \_\_\_\_\_ Does your mortgage payment include taxes and insurance? ☐ Yes ☐ No

If "No," are the taxes and insurance paid current? ☐ Yes ☐ No

Annual homeowners insurance: \$ \_\_\_\_\_ Annual Property Taxes: \$ \_\_\_\_\_

If requesting assistance for a rental property, property is currently:

☐ Vacant and available for rent.

☐ Occupied without rent by your legal dependent, parent or grandparent as their principal residence.

☐ Occupied by a tenant as their principal residence.

☐ Other

If rental property is occupied by tenant Term of lease/occupancy    /    /    -    /    /    Gross Monthly Rent: \$ \_\_\_\_\_  
MM DD YYYY MM DD YYYY

If rental property is vacant, describe efforts to rent property: \_\_\_\_\_

If you have a non-rent-paying occupant, describe your relationship to them and the duration of their occupancy: \_\_\_\_\_

Is the property for sale? ☐ Yes ☐ No If "Yes," Listing Agent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ List Date? \_\_\_\_\_

Have you received a purchase offer? ☐ Yes ☐ No Amount of Offer? \_\_\_\_\_ Closing Date: \_\_\_\_\_

**RENTAL PROPERTY CERTIFICATION**

You must complete this certification if you are requesting a mortgage modification with respect to a rental property.

☐ Check this box if this section does not apply to you.

Continue to Section H

- I intend to rent the property to a tenant or tenants for at least five years following the effective date of my mortgage modification. I understand that the servicer, the U.S. Department of the Treasury, or their respective agents may ask me to provide evidence of my intention to rent the property during such time. I further understand that such evidence must show that I used reasonable efforts to rent the property to a tenant or tenants on a year-round basis, if the property is or becomes vacant during such a five-year period.

Note: The term "reasonable efforts" includes, without limitation, advertising the property for rent in local newspapers, websites or other commonly used forms of written or electronic media, and/or engaging a real estate or other professional to assist in renting the property, in either case, at or below market rent.

- The property is not my secondary residence and I do not intend to use the property as a secondary residence for at least five years following the effective date of my mortgage modification. I understand that if I do use the property as a secondary residence during such five-year period, my use of the property may be considered to be inconsistent with the certifications I have made herein.

Note: The term "secondary residence" includes, without limitation, a second home, vacation home or other type of residence that I personally use or occupy on a part-time, seasonal or other basis.

- I do not own more than five (5) single-family homes (i.e., one-to-four unit properties) (exclusive of my principal residence).

Notwithstanding the foregoing conditions, I may at any time sell the property, occupy it as my personal residence, or permit my legal dependent, parent or grandparent to occupy it as their principal residence with no rent charged or collected, none of which will be considered to be inconsistent with the certifications made herein.

☐ By checking this box and initialing below, I am requesting a mortgage modification with respect to the rental property described in this section and I hereby certify under penalty of perjury that each of the statements above are true and correct with respect to that property.

Initials: Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

Continue to the next page

# LOSS MITIGATION APPLICATION

Pg 12 of 22

► **Important:** Please complete Sections A–I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

► **Loan Number:** \_\_\_\_\_

## Section H

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

<b>Borrower:</b>	<input type="checkbox"/> I do not wish to furnish this information	<b>Co-Borrower:</b>	<input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>Race:</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

Continue to the next page

► **Important:** Please complete Sections A–I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

► **Loan Number:** \_\_\_\_\_

**Section I**

**ACKNOWLEDGMENT AND AGREEMENT**

**In making this request for consideration, I certify under penalty of perjury:**

- I understand the Servicer may pull a current credit report on all borrowers obligated on the Note.
- I am willing to commit to credit counselling if it is determined that my financial hardship is related to excessive debt.
- If I was discharged in a Chapter 7 bankruptcy proceeding subsequent to the execution of the Loan Documents, or am currently entitled to the protections of any automatic stay in bankruptcy, I acknowledge that the Servicer is providing the information about the mortgage relief program at my request and for informational purposes, and not as an attempt to impose personal liability for the debt evidenced by the Note.
- I understand that if the Servicer offers me a Trial Period Plan and I fail to accept or complete the trial plan for any reason, including, for example, declining the trial plan offer, failing to accept the trial plan offer, failing to make trial plan payments in a timely manner or failing to accept a final modification at the end of the trial period, I may permanently lose eligibility for any modification program offered by the Servicer.
- If I am eligible for a Trial Period Plan, Repayment Plan or Forbearance Plan, and I accept and agree to all terms of such plan, I also agree that the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full. My first timely payment following my Servicer's determination and notification of my eligibility or prequalification for a Trial Period Plan, Repayment Plan or Forbearance Plan (when applicable) will serve as acceptance of the terms set forth in the notice sent to me that sets forth the terms and conditions of the Trial Period Plan, Repayment Plan or Forbearance Plan.
- I agree that when the Servicer accepts and posts a payment during the term of any Repayment Plan, Trial Period Plan or Forbearance Plan it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
- I agree that any prior waiver as to my payment of escrow items to the Servicer in connection with my loan has been revoked.
- If I qualify for and enter into a Repayment Plan, Forbearance Plan or Trial Period Plan, I agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
- I consent to being contacted concerning this request for mortgage assistance at any email address or cellular or mobile telephone number I have provided to the Lender. This includes text messages and telephone calls to my cellular or mobile telephone.
- That all of the information in this document is truthful and the hardship(s) identified on page 2 is/are the reason that I need to request a modification of the terms of my mortgage loan, a short sale or a deed-in-lieu of foreclosure.
- I understand that the Servicer, the U.S. Department of the Treasury, owner or guarantor of my mortgage or their agents may investigate the accuracy of my statements and may require me to provide additional supporting documentation. I also understand that knowingly submitting false information may violate federal and other applicable laws.
- I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or if it is determined that any of my statements or any information contained in the documentation that I provide are materially false and that I was ineligible for assistance, and also may seek other remedies available at law and in equity, such as recouping any benefits or incentives previously received.
- The property that I am requesting mortgage assistance for is able to be lived in, and it has not been or is not at risk of being condemned. There has been no change in the ownership of the property since I signed the documents for the mortgage that I want to modify.
- I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner. I understand that time is of the essence.
- I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document or other documentation submitted in connection with this request.
- I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, Social Security number, credit score, income, payment history, government monitoring information and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any mortgage relief or foreclosure alternative that I receive by the Servicer to (a) the U.S. Department of the Treasury; (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or Servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with any other mortgage relief program; and (e) any HUD-certified housing counselor.
- I understand that as part of a review for mortgage assistance, the Servicer may order an appraisal or valuation to determine my property's value and charge me for this appraisal or valuation. I understand that the Servicer must provide me with a copy. I understand that I can pay for an additional appraisal for my own use at my own cost.
- If I or someone on my behalf has submitted a Fair Debt Collection Practices Act Cease and Desist notice to my Servicer, I hereby withdraw such notice and understand that the Servicer must contact me through the loan modification process or to find other alternatives to foreclosure.

Continue to the next page

► **Important:** Please complete Sections A–I. Be sure to check the boxes in those sections that do not apply to you, and move on to the next section. To avoid delays, please make sure each section is complete and accurate.

► **Loan Number:** \_\_\_\_\_

By signing this document, I/we certify that all the information is truthful. I/We understand that knowingly submitting false information may constitute fraud.

Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

**Your Loss Mitigation Application is Complete if You Have:**

- ✓ Written your loan number at the top of each page
- ✓ Completed Sections A–I
- ✓ Checked to make sure each section is complete and accurate
- ✓ Signed your name(s) in the box above

**TO BE COMPLETED BY INTERVIEWER**

<b>This request was taken by:</b>  <input type="checkbox"/> Face-to-Face Interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet  <b>Loan Number</b> _____	Interviewer's Name (print or type) & I.D. Number	Name/Address of Interviewer's Employer
	Interviewer's Signature _____ Date _____	
	Interviewer's Phone Number (include area code)	Servicer/Interviewer's Email Address
	Interviewer's Fax Number	

Form **4506-T**  
(Rev. September 2015)  
Department of the Treasury  
Internal Revenue Service

**Request for Transcript of Tax Return**

- ▶ **Do not sign this form unless all applicable lines have been completed.**  
▶ **Request may be rejected if the form is incomplete or illegible.**  
▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . ☐

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . ☐

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . ☐

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/
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**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

<input type="checkbox"/> <b>Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.</b>	Phone number of taxpayer on line 1a or 2a _____						
<b>Sign Here</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black; padding: 2px 5px;">Signature (see instructions)</td> <td style="width: 40%; border-bottom: 1px solid black; padding: 2px 5px;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; padding: 2px 5px;">Title (if line 1a above is a corporation, partnership, estate, or trust)</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Spouse's signature</td> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Date</td> </tr> </table>	Signature (see instructions)	Date	Title (if line 1a above is a corporation, partnership, estate, or trust)		Spouse's signature	Date
Signature (see instructions)	Date						
Title (if line 1a above is a corporation, partnership, estate, or trust)							
Spouse's signature	Date						

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

### If you filed an individual return and lived in:

#### Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

512-460-2272

Internal Revenue Service  
RAIVS Team  
Stop 37106  
Fresno, CA 93888

559-456-7227

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service  
RAIVS Team  
Stop 6705 P-6  
Kansas City, MO 64999

816-292-6102

## Chart for all other transcripts

### If you lived in or your business was in:

#### Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

801-620-6922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
P.O. Box 145500  
Stop 2800 F  
Cincinnati, OH 45250

859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is:

**Learning about the law or the form,** 10 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



Form **4506T-EZ**

(Rev. August 2014)

Department of the Treasury  
Internal Revenue Service

## Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

► Request may not be processed if the form is incomplete or illegible.

► For more information about Form 4506T-EZ, visit [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number or individual taxpayer identification number on tax return
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return

<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)
---

<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)
--

**5** If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

Telephone number

Address (including apt., room, or suite no.), city, state, and ZIP code

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Year(s) requested.** Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer  
on line 1a or 2a

<b>Sign Here</b>	► Signature (see instructions)	Date
	► Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

### If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

### Mail or fax to the "Internal Revenue Service" at:

RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301  
512-460-2272

RAIVS Team  
Stop 37106  
Fresno, CA 93888  
559-456-7227

RAIVS Team  
Stop 6705 P-6  
Kansas City, MO 64999  
816-292-6102

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



Suite 400  
Irving, TX 75038  
Toll Free 866-581-4514  
Fax 800-878-4645  
www.bsifinancial.com

## Borrower Authorization of Third Party

Borrower(s) name(s) \_\_\_\_\_

Property Address: \_\_\_\_\_

Mortgage loan account number(s): \_\_\_\_\_

### **Third Party Information (all applicable fields must be completed)**

Name of Entity, Agency, Firm \_\_\_\_\_ Phone number \_\_\_\_\_

Name(s) of authorized person(s) \_\_\_\_\_

Mailing address \_\_\_\_\_

Office address \_\_\_\_\_

E-Mail \_\_\_\_\_ Website URL \_\_\_\_\_

Tax ID# \_\_\_\_\_ State license # (if required) \_\_\_\_\_ Issuing state \_\_\_\_\_

**For non-profit agencies only\***  
HUD Approved Counseling Agency?

☐ Yes ☐ No

Approval valid until (date) \_\_\_\_\_

\* Attach National Foreclosure Mitigation Counseling  
form if needed

**For attorneys only\***  
Do you represent the above named Borrower for a  
workout arrangement with the named Servicer?

☐ Yes ☐ No

Firm name \_\_\_\_\_

Individual Attorney name(s) \_\_\_\_\_

All states where licensed \_\_\_\_\_

\*\*Attorney who represents Borrower must sign below

\_\_\_\_\_

**Licensed as Servis One, Inc. dba BSI Financial Services.**

BSI Financial Services NMLS # 38078. Customer Care Hours: Mon. - Fri. 8:00 am to 11:00 pm (ET) and Sat. 8:00 am to 12:00 pm (ET).  
If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a  
discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that  
obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand  
for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such  
bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.



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### **Third Party Acknowledgement**

The undersigned, on behalf of the Third Party, represents that: (i) it is in compliance with Regulation O (Mortgage Assistance Relief Services), if applicable, and all other applicable laws and regulations; and (ii) the Third Party information provided above is true and correct. The undersigned acknowledges that a misrepresentation or omission of fact may result in civil/criminal prosecution.

Signature of Third Party \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_

---

### **Borrower Authorization**

Third Party you are authorizing (from first page) \_\_\_\_\_

I (Borrowers listed below) authorize the above named Third Party to discuss, assist with, or, if applicable, negotiate a workout arrangement on my mortgage(s) with my Mortgage Servicer, BSI Financial Services (its affiliates, agents, employees, and successors). A workout arrangement could include a modification or other relief.

I authorize my Mortgage Servicer, and Third Party and Treasury (and its agents) to share with each other public and non-public information about my finances and my mortgage for the purpose of assisting me in obtaining a workout arrangement, including but not limited to: (i) my mortgage payment history, terms of my mortgage; and (ii) my social security number, credit score, income, debts and other information related to obtaining and servicing my mortgage.

I understand that my Mortgage Servicer may contact me directly except in limited situations, such as when I am represented by an attorney, and the Servicer and I must agree to any workout arrangement. I may still contact my Mortgage Servicer at any time.

I understand that this Third Party Authorization Form may not be accepted by my Mortgage Servicer and my Mortgage Servicer will notify me in writing if it is not accepted. Mortgage Loan Servicers have procedures designed to detect fraud or improper activity and must follow privacy laws to protect borrower information.

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BSI Financial Services NMLS # 38078. Customer Care Hours: Mon. - Fri. 8:00 am to 11:00 pm (ET) and Sat. 8:00 am to 12:00 pm (ET). If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.



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Irving, TX 75038  
Toll Free 866-581-4514  
Fax 800-878-4645  
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I understand that this Authorization expires one year from the date signed unless I cancel it earlier by writing to my Mortgage Servicer or by completing an Authorization for a different Third Party.

**Do not sign this form until the form is fully completed. Keep a copy of this form.**

Signature of Borrower \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of SSN \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of co-borrower \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Last 4 digits of SSN \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**This form should be transmitted to BSI Financial Services as soon as possible and no later than 90 days after the date signed. This form may be sent by fax to «T10SPOCS\_FAX\_NUMBER» or by email at [customercare@bsifinancial.co](mailto:customercare@bsifinancial.co)**

**Licensed as Servis One, Inc. dba BSI Financial Services.**

BSI Financial Services NMLS # 38078. Customer Care Hours: Mon. - Fri. 8:00 am to 11:00 pm (ET) and Sat. 8:00 am to 12:00 pm (ET). If you have filed a bankruptcy petition and there is an "automatic stay" in effect in your bankruptcy case or you have received a discharge of your personal liability for the obligation identified in this letter, we may not and do not intend to pursue collection of that obligation from you personally. If either of these circumstances apply, this notice is not and should not be construed to be a demand for payment from you personally. Unless the Bankruptcy Court has ordered otherwise, please also note that despite any such bankruptcy filing, whatever rights we hold in the property that secures the obligation remain unimpaired.

**Servicemembers Civil Relief  
Act Notice Disclosure**

**U. S. Department of Housing  
and Urban Development  
Office of Housing**

**OMB Approval 2502 - 0584  
Exp 12/31/2017**

**Legal Rights and Protections Under the SCRA**

Servicemembers on "active duty" or "active service," or a spouse or dependent of such a servicemember may be entitled to certain legal protections and debt relief pursuant to the Servicemembers Civil Relief Act (50 USC App. §§ 501-597b) (SCRA).

**Who May Be Entitled to Legal Protections Under the SCRA?**

- Regular members of the U.S. Armed Forces (Army, Navy, Air Force Marine Corps and Coast Guard).
- Reserve and National Guard personnel who have been activated and are on Federal active duty
- National Guard personnel under a call or order to active duty for more than 30 consecutive days under section 502(f) of title 32, United States Code, for purposes of responding to a national emergency declared by the President and supported by Federal funds
- Active service members of the commissioned corps of the Public Health Service and the National Oceanic and Atmospheric Administration.
- Certain United States citizens serving with the armed forces of a nation with which the United States is allied in the prosecution of a war or military action.

**What Legal Protections Are Servicemembers Entitled To Under the SCRA?**

- The SCRA states that a debt incurred by a servicemember, or servicemember and spouse jointly, prior to entering military service shall not bear interest at a rate above 6% during the period of military service and one year thereafter, in the case of an obligation or liability consisting of a mortgage, trust deed, or other security in the nature of a mortgage, or during the period of military service in the case of any other obligation or liability.
- The SCRA states that in a legal action to enforce a debt against real estate that is filed during, or within one year after the servicemember's military service, a court may stop the proceedings for a period of time, or adjust the debt. In addition, the sale, foreclosure, or seizure of real estate shall not be valid if it occurs during or within one year after the servicemember's military service unless the creditor has obtained a valid court order approving the sale, foreclosure, or seizure of the real estate.
- The SCRA contains many other protections besides those applicable to home loans.

**How Does A Servicemember or Dependent Request Relief Under the SCRA?**

- In order to request relief under the SCRA from loans with interest rates above 6% a servicemember or spouse must provide a written request to the lender, together with a copy of the servicemember's military orders.  
**Servis One, Inc. dba BSI Financial Services 314 South Franklin St. Titusville, PA 16354, 1-800-327-7861.**
- There is no requirement under the SCRA, however, for a servicemember to provide a written notice or a copy of a servicemember's military orders to the lender in connection with a foreclosure or other debt enforcement action against real estate. Under these circumstances, lenders should inquire about the military status of a person by searching the Department of Defense's Defense Manpower Data Center's website, contacting the servicemember, and examining their files for indicia of military service. Although there is no requirement for servicemembers to alert the lender of their military status in these situations, it still is a good idea for the servicemember to do so.

**How Does a Servicemember or Dependent Obtain Information About the SCRA?**

- Servicemembers and dependents with questions about the SCRA should contact their unit's Judge Advocate, or their installation's Legal Assistance Officer. A military legal assistance office locator for all branches of the Armed Forces is available at <http://legalassistance.law.af.mil/content/locator.php>.
- "Military OneSource" is the U. S. Department of Defense's information resource. If you are listed as entitled to legal protections under the SCRA (see above), please go to [www.militaryonesource.mil/legal](http://www.militaryonesource.mil/legal) or call 1-800- 342-9647 (toll free from the United States) to find out more information. Dialing instructions for areas outside the United States are provided on the website.